

# REQUEST FOR LEAVE OF ABSENCE

**Pregnancy, Personal Medical, Family Medical, Job Share, Disability, or Parental Leave**



This form is used when an employee is requesting leave because of a pregnancy, personal serious health condition, to care for a family member with a serious health condition, job share or to request parental leave.

Complete the portions of this form that are relevant to your request and submit the form to your supervisor.

## Employee Information

Name (Print):	Employee Signature:
School Site:	Date:
Position:	<input type="checkbox"/> Certificated
Work Hours:	<input type="checkbox"/> Classified

## Leave Request Information

Duration of Requested Leave of Absence	Reason for Request
Leave Start Date: _____	<input type="checkbox"/> Pregnancy Leave    Anticipated date of birth:    /    /
Leave End Date: _____	<input type="checkbox"/> Personal serious health condition
A doctor's note must be submitted to HR along with this request for a pregnancy leave or a personal serious health condition.	<input type="checkbox"/> Family member's serious health condition or emergency condition*: Relationship of family member:
	<input type="checkbox"/> Job Share with _____ teacher for _____ percent of contract.
	<input type="checkbox"/> FMLA/CFRA (Baby Bonding) with or without pay
	<input type="checkbox"/> Leave of Absence without pay <input type="checkbox"/> Childcare <input type="checkbox"/> Personal <input type="checkbox"/> Family

For a leave of absence request, please specify the type of leave you wish to use and the dates on which you wish the leave to apply and the total leave hours of each type of leave. Check all that apply:

<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Family Leave (FMLA/CFRA) <input type="checkbox"/> Paid (sick leave and sub differential) <input type="checkbox"/> Unpaid	<input type="checkbox"/> Unpaid Leave
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**\* Additional paperwork maybe requested by the District for FMLA Leave Request**

## Approval

_____ Principal/Supervisor Signature	_____ Date	_____ Assistant Superintendent, Human Resources	_____ Date
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Board Approval Date for Leave of Absence without Pay:

**All leaves of absence must be approved by the site Principal or Supervisor and Human Resources. All unpaid leaves must be Board-approved.**